

NORTHEAST BENEFIT SERVICES, INC.

950-A Union Road, Suite 31, West Seneca, NY 14224
Phone: 716.674.7200 Fax: 716.674.7000

REQUEST FOR ACCOUNT DISTRIBUTION

Instructions: Please complete and return it to Northeast Benefit Services, Inc. via fax or secure e-mail.

ALL INFORMATION MUST BE COMPLETE TO PROCESS THIS REQUEST

Name of Plan: _____

Participant: _____ Social Security: _____

Home Address: _____ Date of Birth: _____

_____ Date of Hire: _____

Daytime Phone: _____ Marital Status: _____ Name of Spouse: _____

Hours worked during the current Plan Year: () Under 500 () 501 - 999 () Over 1,000

Roth Start Date: _____ Roth Basis: _____

Type of Distribution Requested

1) () Severance of Employment or () Retirement

Date of Termination or Retirement: _____

Final Contribution was/or will be for pay period ending: _____

Compensation YTD _____ Deferrals YTD _____

2) () In-Service Withdrawal or () Hardship Withdrawal

Amount of In-Service/Hardship being requested: \$ _____

3) Miscellaneous

() Qualified Domestic Relations Order () Disability

() 70-1/2 Minimum Distributions () Death - Beneficiary _____

Invoice for distribution package paid by: () Employer () Employee

AUTHORIZED BY:

Print Name

Title

Signature

Date

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYER ONLY.